

Medical Staff Rules

Covenant Health Medical Staff Rules

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PART 1 – GENERAL PROVISIONS

1.0 Preamble

- 1.0.1 The Covenant Health Medical Staff Rules (the Rules) are prepared in accordance with Article 1.6.1 of the Covenant Health Medical Staff Bylaws (the Bylaws), as adopted and approved.
- 1.0.2 The Rules provide the means to implement and give effect to the Medical Staff Bylaws, and govern the day to day management of Medical Staff affairs, and nothing in them shall alter the intent and purpose of the Bylaws.
- 1.0.3 The Rules shall also govern the conduct of the Medical Staff as it relates to Facilities, Programs and Professional Services operated by Covenant Health.
- 1.0.4 Covenant Health is committed to involving the Medical Staff in the creation and revision of Covenant Health policies which are applicable to the Medical Staff.
- 1.0.5 Practitioners are responsible to review and remain informed regarding new or revised Bylaws, Rules and Covenant Health policies which are applicable to, or of importance to, the Medical Staff. Notification of new and revised Bylaws, Rules and Covenant Health policies is the responsibility of the Covenant Health Medical Affairs and the Portfolio of the Vice-President, Medicine.
- 1.0.6 Medical Staff with questions or comments regarding the Bylaws, Rules and/or Covenant Health policies may bring them to the attention of their Covenant Health Clinical Department Facility Chief, Facility Medical Director, or the Vice-President, Medicine.
- 1.0.7 Additional details and procedures for operations may be described in the policies of individual AHS Zone Clinical Departments and/or AHS Zone Clinical Sections. If there is a conflict between any provisions of these Rules and the rules or policies of an AHS Zone Clinical Department or AHS Zone Clinical Section, or a related committee, the provisions of these Rules shall prevail.

1.1 Definitions

- 1.1.1 Unless otherwise provided herein, all defined terms have the same meaning as that ascribed to them in the Definitions section of the Bylaws. Definitions as found in the Bylaws are attached as an Appendix and are subject to any

amendments to the Bylaws. They are provided solely for the convenience of the reader.

1.1.2 Additional Definitions as found in these Rules:

Category	Any one of the categories of Appointment to the Medical Staff referred to in Article 3.1 of the Bylaws.
Continuing Care Facility	A residential facility operated by Covenant Health.
Facility Administrator	A Covenant Health administrative leader, designated as an Executive Director or Senior Operating Officer, and responsible for the overall management of the Facility.
Facility Medical Director	A Practitioner designated as the most senior medical administrative leader for a particular Facility or community. In some cases, particularly in some of the smaller locations, this individual may have responsibilities that encompass more than one Facility.
Impact Analysis	An assessment that estimates the effect on available resources of a change or proposed change in the Practitioner Workforce Plan, or an individual Practitioner’s Clinical Privileges, or a new Procedure or new Program or Professional Service.
Legal Representative	Person(s) other than the Patient who are legally authorized to make decisions in partnership with, or in substitution for, the Patient as described in the Covenant Health consent policy and procedures, and pursuant to relevant legislation including, but not limited to, the <i>Alberta Guardianship and Trusteeship Act</i> (Alberta), the <i>Personal Directives Act</i> (Alberta) and the <i>Mental Health Act</i> (Alberta).
Medical Student	A student on the Student Register of the College of Physicians and Surgeons of Alberta and registered in an approved undergraduate medical training program.
Minor	A person under the age of majority (18 years of age).
Most Responsible Practitioner	The single, designated Practitioner who carries the primary responsibility for the care of a Patient within a Facility.
Medical Affairs Office	An operational and organizational office of the Vice-President, Medicine.
Practitioner-supervised Health Professional	A health professional employed or contracted by Covenant Health who provides Covenant Health approved Patient care and clinical services as delegated by, and as a designate of, a supervising Practitioner(s). Practitioner-supervised Health Professionals include, but are not limited to, clinical and surgical assistants, clinical associates, physician extenders, physician assistants and nurse practitioners.

Personal Directive	A personal directive of a Patient related to health care under the <i>Personal Directives Act (Alberta)</i> .
Resident	A Physician trainee on the Provisional Register – Postgraduate Training of the College of Physicians and Surgeons of Alberta in an approved postgraduate training program, or a postgraduate trainee in a program approved by the Alberta Dental Association and College.

- 1.1.3 Where the contents so require, words importing the singular number shall include the plural and vice versa, and words importing persons shall include corporations and vice versa.

PART 2 – COVENANT HEALTH MEDICAL ORGANIZATIONAL STRUCTURE

2.0 Organizational Structure

- 2.0.1 The organizational structure of the Medical Staff includes, but is not limited to:
- a) Medical administrative leadership positions includes but are not limited to: The Vice-President, Medicine, Associate Vice President(s), Medicine, Facility Medical Directors, and Clinical Department Facility Chiefs
 - b) Facility Clinical Departments
 - c) Medical Executive Committee;
 - d) Facility Medical Advisory Committee; and
 - e) Facility Medical Staff Associations
- 2.0.2 These groups shall be subject to the collective responsibilities identified in the Bylaws and these Rules, and the appointed leaders of these groups will be responsible for ensuring that these responsibilities are carried out.
- 2.0.3 The appointment and accountability, responsibilities and duties of the Senior Vice President, Medicine, Associate Vice President(s), Medicine, Facility Medical Directors, and Facility Clinical Departments are found in Part 2 of the Bylaws.
- 2.0.4 The purpose of the Medical Executive Committee, Facility Medical Advisory Committee and Facility Medical Staff Associations are found in Part 2 of the Bylaws.

2.1 Medical Administrative Leadership

2.1.1 Search Committees

Search committees shall be constituted according to the following principles:

- a) Search committees for the positions of Associate Vice President(s) Medicine and Facility Medical Directors shall be established by the Senior Vice President, Medicine or designate;

- b) Search committees for other positions may be established at the discretion of the Senior Vice President, Medicine or designate.
- c) Search committees shall consist of a minimum of three persons with representation dependant on the position being filled;
- d) Representation shall, as a minimum, include members from the portfolio of the Vice-President, Medicine, the relevant Covenant Health operational portfolio, department or division, and at least one member of the Medical Staff, identified by the Medical Staff Associations.
- e) The Vice-President, Medicine may consider adding representatives from AHS and from the relevant academic faculty as needed.
- f) Search Committees shall make recommendations to the Covenant Health medical administrative leader responsible for the appointment of a Practitioner to the position in question. The medical administrative leader shall not be bound by the search committee's recommendations.

2.1.2 Term of Appointment

The Senior Vice-President, Medicine will be responsible for the implementation Covenant Health medical administrative leadership positions shall be based on performance and reviewed on an annual basis.

2.2 Committees

2.2.1 General Provisions

Covenant Health committees, including the Medical Executive Committee and Facility Medical Advisory Committee(s) shall conform to the following General Provisions:

2.2.1.1 Terms of Reference

- a) Each committee shall develop such terms of reference as required for its effective functioning, consistent with the provisions of the Bylaws and these Rules. Terms of reference shall include but are not limited to: purpose, composition including alternative members if any, duties and responsibilities, decision-making processes, and reporting and notification requirements.
- b) Except where identified in the Bylaws or Rules, the mechanisms to appoint a committee Chair will be outlined in the Terms of Reference for the respective committee.

- c) The term of the Chair shall be defined in the committee Terms of Reference.

2.2.1.2 Meeting Frequency

Each committee shall meet at least quarterly and more frequently at the call of the chair, unless otherwise set forth in the committee's terms of reference, the Bylaws or these Rules.

2.2.1.3 Committee Members

- a) To assure responsible deliberation and decision making, a broad organization-wide and system-wide perspective is required of committee members regardless of their individual practice type and geographic location;
- b) All committee members shall:
 - I. avoid and declare conflicts of interest,
 - II. maintain the confidentiality of the committee's business necessary for its effective functioning;
 - III. participate constructively in committee activities and treat, as paramount, the efforts of the committee to fulfill its mandate and achieve its objectives;
 - IV. be accountable to their committee;
 - V. exercise the powers and discharge the duties of their office honestly, in good faith, and in the best interests of the committee;
 - VI. exercise the degree of care, diligence and skill that a reasonably prudent person would in comparable circumstances;
 - VII. attend meetings on a regular and punctual basis;
 - VIII. be familiar with the committee terms of reference, relevant Covenant Health policies, and the Covenant Health organizational structure, as well as the rules of procedure and proper conduct of a meeting; and
 - IX. actively discourage inappropriate conduct by other committee members.

- c) The Vice-President, Medicine or designate(s) shall, unless otherwise specified, be an ex-officio, non-voting member of all committees specified in the Bylaws and these Rules;
- d) The Facility Medical Director or designate(s) shall, unless otherwise specified, be an ex-officio, non-voting member of all Facility committees specified in the Bylaws and these Rules.

2.2.1.4 Removal

If a member of a committee ceases to be a member of the Medical Staff, fails to discharge his/her responsibilities as a committee member pursuant to section 2.2.1.3 b) of these Rules, or if other reasonable grounds exist, that member may be removed by the Vice-President, Medicine.

2.2.1.5 Vacancies

- a) Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made until the completion of that member's term;
- b) In an exceptional circumstance, the Vice-President, Medicine or Facility Medical Director may appoint an interim replacement member to fulfill a member's committee term until the vacancy can be filled in the same manner in which an original appointment to such committee was made.

2.2.1.6 Quorum and Manner of Action

- a) Except as otherwise specified in the Bylaws or these Rules, the quorum for a committee shall be fifty percent plus one of the members entitled to be present and vote.
- b) Except as otherwise specified in the Bylaws or these Rules, the actions of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the committee. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, provided any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by the Bylaws and these Rules.
- c) Except where otherwise provided for in the Bylaws and these Rules, committee meetings may be conducted in-person, by teleconference or

videoconference. Committee actions arising from a meeting, such as a recorded vote, may be conducted in-person, by e-mail or other electronic means, teleconference or videoconference.

- d) Except where otherwise specified in the Bylaws or these Rules, a member may give another member his/her proxy for purposes of establishing a quorum or voting at meetings. The proxy shall be in the form attached to these Rules and shall be provided, in advance, to the Senior Vice-President Medicine, or his designate, prior to its use.

2.2.1.7 Minutes

Minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken/agreement on matters (where recording is required). A copy of the minutes shall be signed by the committee chair of the meeting and forwarded to the Office of the Vice-President, Medicine.

2.2.1.8 Conduct of Meetings

Unless otherwise specified by the committee, meetings shall be guided by the most recent version of Robert's Rules of Order.

2.3 Medical Executive Committee

2.3.1 Establishment

The Medical Executive Committee is established pursuant to section 2.7 of the Bylaws and is accountable to the Vice-President, Medicine.

2.3.2 Composition

The Medical Executive Committee shall be composed of the following persons:

2.3.2.1 Voting Members

The following members shall attend and vote on all issues for discussion at Medical Executive Committee meetings:

- a) Vice-President, Medicine and who shall only vote in the event of a tie

- b) Associate Vice-President(s)
- c) Medical Directors as follows:
 - 2 from Edmonton Acute Care
 - 2 from Continuing Care
 - 1 Lethbridge/Medicine Hat
 - 1 from Bonnyville
 - 1 from Camrose
 - 1 from Banff, and
 - 2 from Castor/Trochu/Killam/Mundare/Vegreville
- d) six Members from the Medical Staff identified by each of the Medical Staff Associations, as follows:
 - 2 from Edmonton Acute Care
 - 1 from Edmonton Continuing Care
 - 1 each from Central, Calgary, South and North Zone facilities

2.3.2.2 Ex-Officio Non-Voting Members

The following shall attend all meetings of the Medical Executive Committee but may not vote:

- a) the Alberta Health Services Chief Medical Officer or designate
- b) the Covenant Health Chief Executive Officer
- c) Senior Leadership Team members as required by the agenda.

2.3.3 Duties and Responsibilities

- A. The Medical Executive Committee shall consider, advise and report to Covenant Health and the Vice-President, Medicine on all matters pertinent to quality and safe patient care and to the Medical Staff, and on all items referred to it. These matters include but are not limited to:
 - a) Practitioner workforce planning
 - b) development and oversight of the Medical Staff Bylaws and Medical Staff Rules
 - c) review and provide recommendation on Covenant Health policies pertinent to the Medical Staff

- d) reviewing Medical Staff Bylaws and Rules at least once in each three year period from the date of the most recent adoption or more frequently as required
 - e) considering proposed amendments to the Medical Staff Bylaws and Rules in accordance with Articles 1.6 and 1.7 of the Medical Staff Bylaws
 - f) discharging responsibilities essential to maintaining appropriate accreditation of Covenant Health
 - g) quality and safe Patient care
 - h) interdisciplinary Patient care and teamwork
 - i) Practitioner satisfaction and engagement
 - j) all other responsibilities and duties assigned to it by the Bylaws and these Rules, and
 - k) review and recommend Covenant Health representation on AHS Bylaws and Rules committees or Pool Memberships as required.
- B. The Medical Executive Committee shall oversee the overall functioning of the Bylaws and these Rules

2.3.4 Subcommittees

The Medical Executive Committee may, from time to time, establish any subcommittees or ad hoc subcommittees for specific assignments it determines are necessary to assist in fulfilling its duties and responsibilities. The terms of reference of any subcommittee or ad hoc subcommittee will be specified at the time of creation and amended as required.

2.3.5 Standing Subcommittees

These shall be as follows, or as amended from time to time by the Medical Executive Committee, pursuant to section 2.3.4 of these Rules:

- a) Medical Executive Workforce Planning Committee

2.4 Faculty Medical Advisory Committee

2.4.1 Establishment

The Facility Medical Advisory Committee is established pursuant to section 2.8 of the Bylaws.

2.4.2 Composition

The Facility Medical Advisory Committee shall be composed of the following persons:

2.4.2.1 Voting Members

The following members shall attend and vote on all issues for discussion at the Facility Medical Advisory Committee meetings:

- a) Facility Clinical Department Chiefs
- b) Facility Medical Director
- c) Facility Medical Staff Association President, or designate.
- d) Facility Medical Education Committee Chair, as applicable

2.4.2.2 Ex-officio Non-Voting Members

The following members shall attend all meetings of the Facility Medical Advisory Committee but may not vote:

- a) Covenant Health Medical Affairs Executive Director or designate
- b) the relevant Facility Covenant Health Senior Operating Officer/Executive Director
- c) the relevant Senior Vice President(s)

2.4.3 Duties and Responsibilities

The Facility Medical Advisory Committee shall:

- a) Consider, advise and report to the Vice-President, Medicine on all matters pertinent to Patient care and to the Facility Medical Staff on all items referred to it. These matters include but are not limited to:
 - I. quality and safe Patient care
 - II. service planning and delivery
 - III. input into Practitioner workforce planning

- IV. interdisciplinary Patient care; and
 - V. interaction with respect to the Medical Staff Bylaws and Rules; and
- b) Fulfill all other responsibilities and duties assigned to it by the Bylaws and these Rules.

2.4.4 Subcommittees

The Facility Medical Advisory Committee may, from time to time, establish any subcommittees or ad hoc subcommittees for specific assignments it determines are necessary to assist in fulfilling its duties and responsibilities.

The terms of reference of any subcommittee or ad hoc subcommittee appointed will be specified at the time of creation and amended as required.

- 2.4.1 Covenant Health Practitioners shall be assigned by AHS to organizational units of Practitioners called Zone Clinical Departments, in accordance with AHS Medical Staff Bylaws. An AHS Zone Clinical Department shall consist of Practitioners who provide Patient care and clinical service:
- a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada; and
 - b) that are established by AHS in accordance with AHS Medical Staff Bylaws.
- 2.4.2 Each AHS Zone Clinical Department shall be led by an AHS Zone Clinical Department Head whose duties and responsibilities are specified in the AHS Medical Staff Bylaws and the AHS Medical Staff Rules.
- 2.4.3 An AHS Zone Clinical Department may be further divided, as appropriate, into AHS Zone Clinical Sections, organizational sub-units which shall be directly accountable to the AHS Zone Clinical Department within which they function. AHS Zone Clinical Sections shall be established in accordance with AHS Medical Staff Bylaws.
- 2.4.4 Each AHS Zone Clinical Section shall have an AHS Zone Clinical Section Chief whose duties and responsibilities are specified in the AHS Medical Staff Rules.
- 2.4.5 An AHS Zone Clinical Department that is responsible for providing services to Patients in more than one Facility may, as appropriate, appoint AHS Zone Clinical Department Facility Chiefs who shall assist the AHS Zone Clinical Department Head. Where applicable, and in consultation with the

AHS Zone Clinical Department Head, Covenant Health may appoint Covenant Health Clinical Department Facility Chiefs in Covenant Health Facilities, who shall assist the AHS Zone Clinical Department Head.

- 2.4.6 The duties and responsibilities of the Covenant Health Clinical Department Facility Chiefs are described in the Covenant Health Medical Staff Rules.

PART 3 – RULES

3.0 Preamble

Part 3 of these Rules complement the provisions of Part 3 of the Medical Staff Bylaws

3.1 Practitioner Workforce Plan and Recruitment

3.1.1 Covenant Health Practitioner Workforce Plan

- a) Covenant Health shall have a Practitioner Workforce Plan which shall provide information and projections with respect to the recruitment and retention of a sufficient number and appropriate mix of Practitioners with the required skill sets and in the required communities and Sites of Clinical Activity.
- b) The Covenant Health Practitioner Workforce Plan shall align with the AHS Practitioner Workforce Plan and be created in a collaborative and cooperative approach with AHS.
- c) The Covenant Health Practitioner Workforce Plan shall be updated annually according to the sequence of steps outlined in section 3.1.2 a) of these Rules.
- d) The Covenant Health Medical Executive Committee shall determine the overarching principles to be used to develop the Practitioner Workforce Plans. These principles shall include, but are not limited to, Patient access, the distribution of the Practitioner workforce, available resources, service delivery changes within Covenant Health, and Practitioner input.
- e) Positions within the Covenant Health Practitioner Workforce Plan are to be identified by Zone, Zone Clinical Department(s), Zone Clinical Section(s) (if applicable), Facilities, Clinical Sites of Clinical Activity, and Covenant Health Programs and Professional Services, as well as being categorized as either new or replacement positions and resource-neutral or resource-requiring.
- f) The Covenant Health Medical Executive Committee shall submit the Practitioner Workforce Plan to the Vice-President, Medicine for approval. The Vice-President, Medicine shall forward the submission to the AHS Provincial Practitioner Executive Committee.

3.1.2 Recruitment

- a) With the exception of applicants to the Community and Locum Tenens Staff categories (who are exempted from the requirements of this provision), the following process shall be used to coordinate Practitioner recruitment according to the approved Covenant Health Practitioner Workforce Plan:
 - I. Proposed positions for recruitment will be categorized as being either new or replacement positions, and as being resource-neutral or resource-requiring.
 - II. For each proposed position, an Impact Analysis that identifies the required resources, operational impact and the impact on other Clinical Departments shall be completed by the Clinical Department Facility Chief(s) as well as the relevant Facility Medical Director, Facility Administrator(s), and Program Manager/Director(s).
 - III. Lists of proposed positions for recruitment, accompanied by an Impact Analysis for each proposed position, will be reviewed by the Vice-President, Medicine in order to prioritize recruitments and to verify that the required resources are, or can be made, available.
 - IV. Approval of all proposed positions shall be linked to the Covenant Health and AHS budget processes and to the availability of required resources and funding in the fiscal year in which the position is expected to be filled.
 - V. Based upon the defined priorities and available resources, the Vice-President, Medicine in conjunction with the AHS Zone Medical Director approves proposed positions for inclusion in the Zone-level Practitioner Workforce Plan.
 - VI. Only after approval shall recruitment to positions be initiated by the Facility Clinical Department(s) in cooperation with the AHS Zone Clinical Department(s).

- b) The solicitation of potential recruits to Covenant Health facilities is a cooperative effort between Covenant Health, the AHS Zone Clinical Department, with the assistance of the Covenant Health and AHS Medical Affairs Offices and/or through the assistance of supports external to Covenant Health and AHS.

- c) After an initial review of interested persons by the Clinical Department Facility Chief, all potential recruits to be considered further shall be interviewed by the Clinical Department Facility Chief and department members as the Facility Chief determines are appropriate for the position being considered. Relevant references shall also be obtained. The Facility Chief will bring the recommendation to the Facility Medical Director to finalize the recruitment.
- d) The Covenant Health Medical Affairs Office will only provide Medical Staff Application forms to the selected/preferred candidate for an approved position.

3.1.3 Exceptional Circumstances

Pursuant to section 3.7 of the Bylaws, under exceptional circumstances as determined and approved by the AHS Chief Medical Officer or designate and the Covenant Health Vice-President, Medicine, a recruitment may be undertaken without completing the steps outlined in section 3.1.2 of these Rules.

3.2 Accountability to Facility Medical Director

Each Practitioner is accountable to the Facility Medical Director, or designate, for the responsibilities and obligations contained in the Bylaws and these Rules.

3.3 Medical Staff Appointment and Clinical Privileges

3.3.1 Criteria for Appointment to the Medical Staff

- a) Generally a Medical Staff Appointment is conditional upon:
 - I. the verification, to the satisfaction of Covenant Health and AHS, of the applicant's training, experience and qualifications,
 - II. an assessment of the applicant's suitability, ability and willingness to accept and discharge his/her responsibilities as a condition to join the Medical Staff, and

- III. with the exception of applications to the Community Staff and Locum Tenens categories, a determination by Covenant Health and AHS that the Appointment is warranted within both the Covenant Health and AHS Practitioner Workforce Plans and supportable after completion of an Impact Analysis.
- b) Each applicant must:
- I. be licensed to practice Medicine, Dentistry, Oral & Maxillofacial Surgery or Podiatry in the province of Alberta without supervision, or be a Scientist Leader with a medical administrative leadership position;
 - II. be a member of the Canadian Medical Protective Association, Canadian Dental Service Plans Inc., or have suitable alternative liability insurance to the satisfaction of Covenant Health and AHS;
 - III. possess appropriate educational qualifications as identified by the relevant AHS Zone Clinical Department(s)' Executive Committee
 - IV. be willing to participate in teaching and training of Medical Students and Residents, nursing, paramedical and other health sciences personnel as reasonably required and supported by Covenant Health Facility;
 - V. be willing to perform administrative and Medical Staff functions as reasonably required and supported by Covenant Health.
- The activities outlined in 3.3.1 b) IV. and V. above shall not place undue burden on any individual Practitioner and will be based upon mutually agreed upon levels of participation.
- c) Consideration of each Application for an Appointment shall include an assessment of the applicant's:
- I. clinical experience, qualifications, ability and character;
 - II. ability to interact professionally and appropriately with his/her peers, and to work effectively with other staff and in a team environment;
 - III. demonstrated judgment and ethical conduct;
 - IV. demonstrated professional competence; and
 - V. willingness and ability to meet the responsibilities and accountabilities of Practitioners as described in section 4.2 of the Bylaws.

3.3.2 Application Process for a Medical Staff Appointment and Grant of Clinical Privileges

- a) All individuals involved in the granting of Appointments and Clinical Privileges shall act and make the necessary recommendations with due dispatch.
- b) All applications shall be made on the Medical Staff Appointment and Clinical Privileges Application form (the Application).
- c) A specific and streamlined Application shall be used for applicants to the Community Staff and Locum Tenens categories.
- d) On request for an Application to the Covenant Health Medical Staff, the Covenant Health Medical Affairs Office shall first determine whether the prospective applicant has been selected for recruitment pursuant to the Covenant Health Practitioner Workforce Plan, or is applying in the Community Staff or Locum Tenens categories. Only if the prospective applicant has been selected to an approved recruitment position, or is applying to the Community Staff or Locum Tenens categories, shall the prospective applicant be given a Covenant Health Application to complete. Otherwise, the Application shall not be accepted, and the prospective applicant shall be advised that no relevant positions are currently approved and referred to the relevant Covenant Health Facility Medical Director and/or AHS Zone Clinical Department Head(s) for further information or advice.
- e) Applicants are required to apply for and successfully obtain an AHS Appointment and Clinical Privileges as per the Covenant Health Medical Staff Bylaws.
- f) If an Application is provided, the applicant shall indicate:
 - I. the Clinical Department(s) and Clinical Section(s) where applicable in which he/she wishes an Appointment,
 - II. the category of Medical Staff Appointment being sought, and
 - III. the Clinical Privileges (if any) being requested.
- g) This Application shall be accompanied by:
 - I. A certificate of good standing/practice permit from the applicant's current licensing body; and
 - II. Proof of membership in the Canadian Medical Protective Association, Canadian Dental Service Plans Inc., or have suitable alternative liability insurance to the satisfaction of Covenant Health and AHS.

- h) An Application will be considered incomplete until such time as all required items specified in sections 3.3.2 f) and 3.3.2 g) of these Rules have been received and have been considered to fully and satisfactorily meet the outlined standards of Covenant Health Medical Staff membership. Any failure to provide complete information to the satisfaction of the Medical Affairs Office will render the Application null and void and no further processing will occur.

3.3.3 Clinical Privileges

- a) A delineation of Sites of Clinical Activity and Covenant Health Programs and Professional Services that the Practitioner is eligible to access, and the Procedures that the Practitioner is deemed to be competent and eligible to perform, will be defined by the Clinical Privileges granted by Covenant Health to that Practitioner.
- b) If Covenant Health Programs and Professional Services or clinical services and related resources are transferred between Sites of Clinical Activity or otherwise altered, Covenant Health may accordingly transfer, and/or adjust if necessary, the Clinical Privileges of the Practitioner(s) affected and provided:
 - I. reasonable notice is given to the Practitioner(s) affected; and
 - II. due consideration is given to any representations received in response to such notice; and
 - III. the Practitioner(s) affected is (are) afforded the opportunity to appeal the change in Clinical Privileges pursuant to section 3.5 of the Covenant Health Bylaws.
- c) Consideration of each application for Clinical Privileges shall include an assessment of the demonstrated ability and willingness of the Practitioner to meet the criteria for Appointment specified in section 3.3.1 of these Rules, including documented experience in categories of treatment areas or specific procedures and current competence; and shall be based upon:
 - I. the needs of Covenant Health, the Covenant Health and AHS Practitioner Workforce plans, the resources available and the Facilities required for the requested procedures and access to Covenant Health Programs and Professional Services; and
 - II. general recommendations drawn from quality assurance and other quality improvement activities and reviews.

- d) Within the Clinical Privileges granted, Practitioners are expected to practice within the scope of their specialty and the limits of their formal training and experience.
- e) No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person.
- f) List of Procedures for Clinical Privileges – Process for Establishment, Maintenance, and Changes pursuant to section 3.2.6 of the Bylaws.
 - I. Each AHS Zone Clinical Department shall develop a list of Procedures for Clinical Privileges with input from its members and through a process determined by each Zone Clinical Department.
 - II. This list shall be reviewed by the AHS Zone Clinical Department at a minimum of every two years.
 - III. The list of Procedures for Clinical Privileges shall include the core procedures expected of AHS Zone Clinical Department members with Canadian residency training, and those which require extra training and supervision beyond that normally expected in a Canadian residency training program; those procedures which are resource intensive; and those Procedures whose utilization needs to be monitored for quality control and Patient safety reasons.
 - IV. Each list of Procedures for Clinical Privileges for an AHS Zone Clinical Department shall be reviewed by the respective AHS Zone Medical Administrative Committee for consistency with provisions of the Bylaws and between AHS Zone Clinical Departments. The Zone Medical Administrative Committee may make such changes as it may determine
 - V. Each AHS Zone Medical Administrative Committee shall submit its lists of Procedures for Clinical Privileges for its AHS Zone Clinical Departments to the AHS Provincial Practitioner Executive Committee. The Committee shall review all submissions to ensure consistency within and between AHS Zone Clinical Departments and AHS Zones and for consistency with provisions of the Bylaws.
 - VI. The Covenant Health Medical Executive Committee shall review any changes recommended by the AHS Provincial Practitioner Executive Committee to ensure consistency among Covenant Health Facilities.

- g) Process to Add Procedures New to Covenant Health and Requiring a Grant of Clinical Privileges pursuant to section 3.2.6.2 of the Bylaws.
 - I. From time to time, new technologies and procedures will become available. It is the responsibility of each AHS Zone Clinical Department to develop a list of proposed Procedures new to AHS and requiring a grant of Clinical Privileges. Input is required from its members and from Covenant Health Medical Staff through a process determined by each AHS Zone Clinical Department. Input will also be sought from the applicable AHS health technology assessment and product evaluation portfolios.
 - II. This list shall include an assessment of the need for the proposed Procedure, the ability of AHS to support the Procedure, and the proposed credentialing criteria.
 - III. This list shall be reviewed by the respective Zone Medical Administrative Committee which shall make a recommendation for introduction of a new Procedure within AHS to the Provincial Practitioner Executive Committee. Final approval by the AHS Chief Medical Officer and Covenant Health Vice-President, Medicine as required.

3.3.4 Information Required for Continuation on the Medical Staff

3.3.4.1 Each Practitioner, as a condition of their continuation on the Covenant Health Medical Staff, shall submit a properly completed and signed information verification and attestation form to the AHS Medical Affairs Office within 12 months of being appointed to the Covenant Health and AHS Medical Staff and annually thereafter. The information verification and attestation form shall be provided to the Practitioner by the AHS Medical Affairs Office and will include, but not be limited to, the following information:

- a) Proof of current membership in the Canadian Medical Protective Association, Canadian Dental Service Plans Inc., or have suitable alternative liability insurance to the satisfaction of AHS;
- b) current practice permit or equivalent from the relevant College;
- c) evidence as to the legal right to live and work in Canada for non-citizens and permanent residents; and
- d) any professional liability judgments, orders or arbitration decisions involving the Practitioner with details about any such instances.

3.3.4.2 Each Practitioner shall, as soon as possible after becoming aware, disclose in writing to the Vice-President, Medicine:

- a) any proceedings regarding the Practitioner's professional status which have resulted in sanctions including, but not limited to:
 - I. restrictions on licensure, privileges and/or appointments;
 - II. practice permit restrictions;
 - III. disciplinary or professional restrictions;
 - IV. imposition of monitoring requirements;
 - V. a requirement to undergo counselling or treatment;
 - VI. a requirement to undertake upgrading or further education;
 - VII. a requirement to undertake remedial measures in cases of unprofessional or unethical behaviour, unbecoming conduct, or improper or disruptive conduct; and/or
 - VIII. any other recommendation considered appropriate to ensure public or patient safety.
- b) Any changes in physical or mental health that affect the performance of the Practitioner's responsibilities specified in these Bylaws and Rules, and the safe and competent exercise of the Clinical Privileges granted.
- c) Any criminal convictions arising from the *Criminal Code of Canada* or the *Controlled Drugs and Substances Act*; and/or
- d) Criminal charges arising from Part V or Part VIII of the *Criminal Code of Canada* or the *Controlled Drugs and Substances Act*.
- e) Disclosure of a, b, d, and d requires the Covenant Health Medical Affairs office to notify the AHS Medical Affairs office.

3.3.4.3 Upon receipt of written disclosure from a Practitioner as provided for in Section 3.3.4.2, the Vice-President, Medicine shall determine if any further investigation or action is required.

3.3.4.4 Should the Vice-President, Medicine determine that no further investigation or action is required, the written disclosure, as the case may be, shall be placed in the Practitioner's file. In the case of any written disclosure provided in accordance with Section 3.3.4.2, the document shall be placed in an envelope, sealed and marked "confidential" and shall not be reopened without the Practitioner's consent.

- 3.3.4.5 Should the Vice-President, Medicine determine that further investigation or action is required, the Vice-President, Medicine shall meet with the Practitioner within fourteen (14) days of receipt of the information to discuss the Vice-President, Medicine's concerns. The Practitioner shall be entitled to be accompanied by an Advisor and the contents of the meeting, or further information arising at the meeting, shall not be disclosed by the Vice-President, Medicine in the context of any subsequent proceedings or otherwise without the consent of the Practitioner.
- 3.3.4.6 If, following the meeting pursuant to Section 3.3.4.5 of these Rules, the Vice-President, Medicine determines no further investigation or action is required, or if Vice-President, Medicine and the Affected Practitioner are able to agree on an appropriate resolution of the issues, the information verification and attestation form or the written disclosure, as the case may be, shall be placed in the Practitioner's file. In the case of any written disclosure provided in accordance with Section 3.3.4.2 of these Rules, the document shall be placed in an envelope, sealed and marked "confidential" and shall not be reopened without the Practitioner's consent, or, where a resolution has been agreed to, as long as the Affected Practitioner abides by the agreed resolution.

3.4 Performance Assessment to Move from Probationary Staff to Active Staff

- a) Pursuant to sections 3.1.9.2 and 3.1.9.3 of the Bylaws, an Appointment to the Probationary Staff category shall be considered a time during which the Practitioner's competence, capabilities, and contribution shall be evaluated by the appropriate AHS Zone Clinical Department in consultation with the Covenant Health Facility Medical Director or Covenant Health Clinical Department Facility Chief.
- b) After a full evaluation, as outlined in the following performance assessment procedure, the Practitioner may be appointed to the Active Staff category.
- c) This performance assessment shall include an assessment of the demonstrated ability and willingness of the Practitioner to meet the criteria for Appointment specified in section 3.3.1 of these Rules, and shall include a review of:

- I. Covenant Health Programs and Professional Services accessed by the Practitioner, the procedures performed and performance in the Sites of Clinical Activity to which access has been granted;
- II. information on continuing professional development during appointment to the Probationary Staff category;
- III. clinical performance as judged by clinical audit;
- IV. contribution to and participation in other clinical and administrative responsibilities as assigned;
- V. resource utilization patterns; and
- VI. contribution to and participation in teaching programs and activities.

3.5 Periodic Review

As per Part 5 of the Covenant Health Medical Staff Bylaws, Periodic Performance Reviews of Practitioners will be performed by AHS in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules on behalf of Covenant Health, subject only to final review and approval of the Vice-President, Medicine regarding any decision to proceed to a Triggered Review.

3.6 Orientation and Activation of Clinical Privileges

- a) Each new Practitioner shall be oriented to relevant Covenant Health systems and processes and their Covenant Health Sites of Clinical Activity. This is a joint responsibility of each new Practitioner and the relevant Covenant Health Clinical Department Facility Chief and the Covenant Health Facility Medical Director.
- b) This orientation will vary depending on the Practitioner's prior association with and knowledge of Covenant Health and the Covenant Health Site(s) of Clinical Activity, and aside from exceptional circumstances as approved by the Vice-President, Medicine or designate, the activation of Clinical Privileges shall not occur until the completion of the orientation. In general, it should ensure that the Practitioner has been:
 - I. given access to a copy of the Covenant Health Bylaws and Rules of the Medical Staff, the Covenant Health Medical Staff orientation package, and relevant Covenant Health policies and procedures,

including the Health Ethics Guide, and has had an opportunity to review them;

- II. oriented to the reporting relationships pertinent to their Appointment;
- III. oriented to the physical plan of the relevant Covenant Health Site(s) of Clinical Activity and the range of Covenant Health Programs and Professional Services offered in the Covenant Health Site(s) of Clinical Activity.
- IV. oriented to Health Records and requirements for recorded care; and,
- V. oriented to the mission, vision, values and general operating procedures of the relevant Covenant Health Site(s) of Clinical Activity.

PART 4 – Covenant Health Patient Care and Practitioner-Related Provisions

This section of the Rules describes patient care and Practitioner-related provisions which are common to all Practitioners. Each Practitioner shall also be governed by the relevant Covenant Health policies and procedures as identified in Appendix A of these Rules.

A. PATIENT RELATED

4.1 Admission of Patients

- 4.1.1 A Patient whose clinical condition warrants admission shall be admitted to an appropriate Facility by a Practitioner with appropriate Clinical Privileges. Upon requesting or accepting such an admission and care of the Patient, the Practitioner shall be designated as the Patient's Most Responsible Practitioner.
- 4.1.2 All Patients admitted to Facilities require a provisional diagnosis, and shall be categorized by the Most Responsible Practitioner(s) as emergent or scheduled. These categories are defined as follows:
 - a) Emergent - The Patient's condition necessitates immediate admission.
 - b) Scheduled - The Patient's condition warrants admission when accommodation in the Facility is available.
- 4.1.3 A Practitioner who wishes to admit a scheduled patient to a Facility shall book these admissions according to established Facility admitting procedures.
- 4.1.4 A Patient requiring emergent admission shall be:
 - a) Assigned to the Practitioner requesting or accepting the admission and care of the Patient; or
 - b) Assigned temporarily to an emergency department Physician who may:
 - I. admit the patient and remain the Most Responsible Practitioner, provided that he/she has appropriate Clinical Privileges;

- II. admit as above, then transfer care to another Practitioner pursuant to section 4.15.2 of these Rules, provided that the receiving Practitioner is available and accepts the admission and care of the Patient (in most instances, this should include a personal conversation with the receiving Practitioner); or
 - III. refer the Patient prior to admission to another Practitioner who has appropriate Clinical Privileges to admit and care for the patient (in most instances this should include a personal conversation with the potential receiving Practitioner); or
- c) Assigned to the Practitioner on-call for the most appropriate admitting service.
- 4.1.5 The Most Responsible Physician shall indicate to the staff caring for the Patient, and in the Patient's health record, that he/she is the Most Responsible Physician. There shall be physician to physician communication when there is a transfer of care from one physician to another.
- 4.1.6 No Patient shall be admitted to a Practitioner without that Practitioner's agreement. If an appropriate Practitioner willing and able to accept the admission and care of the Patient cannot be identified by the time accommodation in the Facility is available, the relevant Zone Clinical Department Head or designate, or the relevant Facility or Community Medical Director or designate, shall assign a Most Responsible Practitioner.
- 4.1.7 The Most Responsible Practitioner and any other Practitioner providing care to the patient shall provide sufficient information to staff as may be necessary to ensure protection of other Patients or Facility staff, or to ensure protection of the admitted Patient from self-harm.

4.2 Attendance Upon Patients

- 4.2.1 Each Patient shall receive timely and professional care appropriate to his/her condition. The frequency of attendance will be determined having regard to the condition of the Patient, Zone Clinical Department requirements, Zone Rules and these Rules.
- 4.2.2 Each Patient in an acute care Facility, except those awaiting rehabilitation or placement in a Continuing Care Facility, shall be attended at least daily by the Most Responsible Practitioner or designate. A Patient awaiting rehabilitation or placement shall be visited at least weekly.

- 4.2.3 Attendance upon a Patient in a Continuing Care Facility shall be as often as is required by the Patient's clinical condition, and as specified by the Facility. If the Most Responsible Practitioner is unable to attend the Continuing Care Facility, then he/she shall transfer care to a Practitioner who is able to attend as required.

4.3 Practitioner's Orders

- 4.3.1 Medication and treatment orders shall be in compliance with applicable Covenant Health policies and procedures.
- 4.3.2 All orders shall be either written in the Patient's health record or entered directly into the Patient's electronic health record (if applicable). If orders are in writing, they shall be written using dark ink, on the appropriate form and shall be legible, complete, dated, timed and signed by the Most Responsible Practitioner or designate. A ballpoint or similar pen shall be used where multiple copies are expected.
- 4.3.3 It shall be the duty of the Most Responsible Practitioner to review the orders for their Patients on a regular basis.
- 4.3.4 A consulting Practitioner (or designated Medical Student or Resident) may write orders if he/she has appropriate Clinical Privileges in the relevant Site of Clinical Activity and has been asked to participate in the Patient's care. The Most Responsible Practitioner or designate shall countersign such orders within 24 hours.
- 4.3.5 Orders that are written on the appropriate form by consulting Practitioners shall be executed, unless cancelled by the Most Responsible Practitioner or designate. Consulting Practitioners may elect to leave suggestions for orders. In this case, the orders will not be executed until ordered or countersigned by the Most Responsible Practitioner or designate.
- 4.3.6 Requests for consultations shall be in writing on the appropriate consultation request form or shall be entered directly into the Patient's electronic health record (if applicable), and shall include the reason for consultation, a brief history, and specific timelines in which the consultation is to be provided (based upon the nature of the Patient's condition and circumstances). Direct Practitioner to Practitioner discussion shall occur in urgent cases, and is preferable in all cases.

4.4 Informed Patient Consent

- 4.4.1 Practitioners shall be governed by the Covenant Health consent policy and procedures, as well as by relevant legislation including, but not limited to, the *Adult Guardianship and Trusteeship Act* (Alberta), the *Personal Directives Act* (Alberta), and the *Mental Health Act* (Alberta).
- 4.4.2 Observation, assessment, examination, treatment, detention and control of persons admitted through an admission certificate shall be as set out in the terms of the *Mental Health Act*.

4.5 Leaving Against Advice

If a competent Patient leaves a Facility without the prior order or authorization of the Most Responsible Practitioner or designate:

- a) Written acknowledgment by the Patient and/or his/her Legal Representative that the patient is leaving against advice shall be requested when possible, and
- b) The Most Responsible Practitioner or designate shall make a notation on the Patient's health record that the Patient has left the Facility against the Practitioner's advice.

4.6 Discharge Planning/Bed Management/Bed Utilization

- 4.6.1 Practitioners shall work together, and with Covenant Health and AHS staff, administrative leaders and medical administrative leaders, to ensure that inpatient beds are managed in an effective and efficient manner within, and across, all Covenant Health Facilities. Bed utilization and management should ensure that:
 - a) Patient access to Facilities is granted on the basis of need;
 - b) Patients are treated in the most appropriate Facility to meet their particular needs;
 - c) Standards of Patient care are continually evaluated to improve the quality of Patient care and optimize Patient lengths of stay; and
 - d) Patients are discharged from Facilities, including emergency departments and other acute care treatment areas, in an appropriate and timely manner.

- 4.6.2 Patient discharge planning shall commence at the time of admission to an acute care or rehabilitation Facility. Where possible, for elective admissions or inter-Facility transfers, discharge plans and arrangements should be made prior to admission. It is the responsibility of the Most Responsible Practitioner, and consulting Practitioners (if appropriate) to anticipate and begin early planning for discharge with Covenant Health and AHS staff, including nursing, home care, social services and other relevant health care professionals. Discharge planning must involve the Patient and the Patient's family as well as early consultation with receiving Facilities (if the patient is expected to require transfer to another Facility) and/or the personal or referring Practitioner. It also includes timely transmission of sufficient Patient information to facilitate safe and responsible care after discharge.
- 4.6.3 The Patient shall be discharged only on the order of the Most Responsible Practitioner or designate.
- 4.6.4 Most Responsible Practitioners are required to discharge Patients according to policy set by Covenant Health. Wherever feasible, discharge orders shall be written in advance of the planned day of discharge in order to facilitate the process of discharging a Patient.
- 4.6.5 The Facility Medical Director and the Facility Administrator shall be responsible for overseeing the effective utilization of Facility beds. With Practitioner input, they shall develop mechanisms to:
- a) Allocate Facility beds on the basis of need;
 - b) Review health records to assess the appropriateness of admissions as well as the ongoing effectiveness and progress of discharge planning;
 - c) Oversee the implementation of any recommended changes to current bed utilization policies or processes.

4.7 Levels of Care Designation (Including “Do Not Resuscitate” Orders)

- 4.7.1 Each Practitioner shall be governed by the applicable Covenant Health policy and procedure.
- 4.7.2 The Most Responsible Practitioner will confirm in writing (or electronically if applicable) on the Patient's record that he/she has discussed with the

Patient and/or his/her Legal Representative his/her diagnosis, prognosis, and the Patient's decision with respect to future treatment, including possible levels of care and resuscitation. Prior direction from a Patient and/or his/her Legal Representative must be suspended immediately upon the subsequent request of the Patient and/or his/her Legal Representative.

- 4.7.3 The Most Responsible Practitioner will take into account, as appropriate: relevant instructions in a personal directive; instructions of his/her Legal Representative; and the best interests of the patient. Communication entered into the Patient's health record will be used to inform other health care personnel involved in the care of the Patient as to the basis and the rationale of decisions.
- 4.7.4 An order designating the Patient's level of care shall be recorded in the Patient's health record. If the Patient is admitted after hours, a verbal or telephone order will be accepted, but the order shall be countersigned by the Most Responsible Practitioner within twenty-four hours. In the absence of such an order, Practitioners and other health care professionals providing care during an emergency or cardiopulmonary arrest shall assume that the highest level of care designation is in effect.

4.8 Patient Death

- 4.8.1 Pronouncement of death must be made by a Physician or designate.
- 4.8.2 As soon as is practical following the death of a Patient, the Most Responsible Practitioner or designate will notify the next of kin and determine whether the Medical Examiner should be notified; organ/tissue donation is to be considered; an autopsy is to be requested and performed; and whether the Zone Medical Officer of Health is to be notified;
- 4.8.3 The Medical Examiner will be notified in all circumstances required by the *Fatality Inquiries Act* (Alberta).
- 4.8.4 The Most Responsible Practitioner or designate must complete a death certificate within forty-eight hours, unless directed otherwise by the Medical Examiner.

4.9 Autopsies

Autopsies may be requested and performed in cases where the Medical Examiner is not involved. In addition:

- a) No autopsies shall be performed without the consent of a legally authorized agent of the deceased.
- b) All autopsies shall be performed by a qualified pathologist or his/her designate.
- c) As soon as it is available, a copy of the autopsy report will be included in the Patient's health record.

4.10 Organ and Tissue Procurement

4.10.1 Practitioners will follow all applicable Covenant Health organ and tissue donation policies and procedures.

4.10.2 Where appropriate, it is the responsibility of all Practitioners to discuss and encourage organ and tissue donation with the Patient and/or his/her Legal Representative.

B. PRACTITIONER-RELATED

4.11 On-Call and Service Coverage

4.11.1 Each Practitioner shall ensure safe and effective on-call coverage for the Patients for whom they are the Most Responsible Practitioner. Pursuant to sections 4.2.7 c) and d) of the Bylaws, Practitioners, when unavailable for whatever reason, will make arrangements with another Practitioner(s) for the care of their Patients. This may be accomplished by specific arrangements or by participating in an on-call schedule with other Practitioners who have similar and appropriate Clinical Privileges at the Facility(ies).

4.11.2 Pursuant to section 4.1.3 of the Bylaws, Practitioners and their Covenant Health Facility Medical Director and/or Covenant Health Clinical Department Facility Chief shall jointly establish and maintain reasonable and effective on-call schedules in order to provide safe and effective coverage and care to Patients residing within the Zone as well as those referred from other Zones with conditions requiring their expertise. Responsibilities of an on-call Practitioner include but are not limited to:

- a) Responding appropriately to calls and requests from other Practitioners and other health professionals regarding Patients for whom they are responsible while on-call or about whom they have been consulted. Practitioners shall attend Patients appropriately, in a timely fashion, and in accordance with Zone Rules, Zone Clinical Department policy, and Covenant Health Rules and policy. Such calls and requests may originate from within the Covenant Health Facility(ies), including emergency departments, and externally from Patient referral and transfer call lines, community offices and clinics, or other sources.
 - b) Discussing with a referring or consulting Practitioner the urgency of the consultation and, when possible, offering advice to a referring Practitioner in advance of the consulting Practitioner attending the Patient. Such discussion may include arranging in-person attendance at an appropriate time and location, and follow-up of cases not requiring emergent assessment.
 - c) Working collaboratively with a referring Practitioner to stabilize the Patient and provide urgent care if applicable and as required, and consistent with the level of resources available.
 - d) Working collaboratively with a referring Practitioner to coordinate the timely admission or appropriate transfer of the Patient as required and in accordance with Zone Rules and Zone Clinical Department policies. This includes communicating directly with the receiving Practitioner.
- 4.11.3 It is expected that a referring Practitioner will limit evening and night-time consultations to urgent or emergent cases. Referrals for non-urgent/non-emergent cases should be arranged during day-time hours. A non-urgent acute care Facility consultation shall be completed within twenty-four hours of the request, unless otherwise agreed to by the referring and consulting Practitioners. **The final responsibility for the procedure lies with the most responsible physician.**
- 4.11.4 Pursuant to section 4.1.3.3 of the Bylaws, Practitioners and Covenant Health medical administrative leaders shall work jointly to ensure that on-call schedules do not place work demands on individual Practitioners that prevent the Practitioner from providing safe Patient care and service coverage. Covenant Health medical administrative leaders shall work collaboratively with Practitioners to resolve such situations when they arise.

4.11.5 Pursuant to section 4.2.7 b) of the Bylaws, Practitioners shall manage their other concurrent clinical activities in order to ensure that he/she can safely and appropriately fulfil his/her on-call duties and responsibilities.

4.11.6 Practitioners, initially amongst themselves, and, if required, subsequently with their Covenant Health Facility Medical Director shall work collaboratively to resolve any issues or disputes related to appropriate on-call coverage and/or on-call schedules. If unsuccessful, the issue or dispute shall be referred to the Covenant Health Vice-President, Medicine, or designate, for resolution as required.

4.12 Practitioner Patient Care Rounds in Acute Care Facilities

4.12.1 Practitioners should conduct daily Patient care rounds prior to 1200 hours.

4.12.2 When appropriate, and in order to provide optimal Patient care, the Practitioner should undertake additional Patient assessments as required.

4.12.3 Sections 4.12.1 and 4.12.2 of these Rules do not obviate the responsibility of the Most Responsible Practitioner or consulting Practitioner(s) to respond or assess Patients who require more frequent visits because of their condition or upon staff request.

4.13 Supervision of Medical Students and Residents

4.13.1 At any given time, each Medical Student and Resident shall have one Practitioner in the Facility or the community designated as the supervisor of that trainee's experience.

4.13.2 In all cases involving supervision of Medical Students and Residents, the Most Responsible Practitioner must maintain sufficient knowledge of the Patient to ensure the Patient is receiving safe and appropriate care, and must remain readily available to assist the Medical Student or Resident, or intervene if necessary.

4.13.3 When involved in the education of trainees (Medical Students, Residents and other health care learners), Practitioners shall supervise all Procedures undertaken by a trainee. However, if the trainee has obtained and demonstrated the necessary skills, and is considered competent, to perform Procedures independently, the supervising Practitioner or designate shall only be required to be available to assist or intervene if necessary.

- 4.13.4 When involved in the education or supervision of trainees, Practitioners must ensure that the trainees are aware they have the following responsibilities:
- a) to explain his/her role in the Patient's care to the Patient and/or his/her Legal Representative;
 - b) to inform the Patient and/or his/her Legal Representative of his/her name and that of the Most Responsible Practitioner;
 - c) to notify the supervising Practitioner and/or the Most Responsible Practitioner when a Patient's condition is deteriorating, the diagnosis or management is in doubt, or where a Procedure with possible serious adverse effects is planned;
 - d) to inform the Most Responsible Practitioner and/or supervising Practitioner when discharge is appropriate and planned;
 - e) to notify the Most Responsible Practitioner and/or supervising Practitioner of all Patients assessed on behalf of the Practitioner; and
 - f) to assess all referrals and consultations in a timely fashion as appropriate to the Patient's condition.

4.14 Practitioner-Supervised Health Professionals

- 4.14.1 At any given time, each Practitioner-supervised Health Professional shall have one Practitioner in the Covenant Health Facility or Site of Clinical Activity designated as his/her supervisor.
- 4.14.2 In all cases involving supervision of a Practitioner-supervised Health Professional, the Most Responsible Practitioner must maintain sufficient knowledge of the Patient to ensure the Patient is receiving safe and appropriate care, and must remain readily available to assist the Practitioner-supervised Health Professional, or intervene if necessary.
- 4.14.3 Practitioners shall supervise all Procedures undertaken by a Practitioner-supervised Health Professional. However, if the Practitioner-supervised Health Professional has obtained and demonstrated the necessary skills, and is considered competent, to perform Procedures independently, the supervising Practitioner shall only be required to be available to assist or intervene if necessary.
- 4.14.4 When supervising a Practitioner-supervised Health Professional, the Practitioner must ensure that the Practitioner-supervised Health

Professional is aware of his/her responsibilities which may include, but are not limited to, one or more of the following:

- a) to explain his/her role in the Patient's care to the Patient and/or his/her Legal Representative;
- b) to inform the Patient and/or his/her Legal Representative of his/her name and that of the Most Responsible Practitioner;
- c) to notify the supervising Practitioner and/or the Most Responsible Practitioner when a Patient's condition is deteriorating, the diagnosis or management is in doubt, or where a Procedure with possible serious adverse effects is planned;
- d) to inform the Most Responsible Practitioner and/or supervising Practitioner when discharge is appropriate and planned;
- e) to notify the Most Responsible Practitioner and/or supervising Practitioner of all Patients assessed on behalf of the Practitioner; and
- f) to assess all referrals and consultations in a timely fashion as appropriate to the Patient's condition.

4.15 Designation of Most Responsible Practitioner/Transfer of Responsibility

4.15.1 Identification of Most Responsible Practitioner

- a) Every Patient admitted to a Facility, or who receives emergent, urgent or scheduled evaluation or treatment on an ambulatory or "Day Procedure" basis in a Facility, shall have an identified Most Responsible Practitioner. The identity of the Most Responsible Practitioner shall be documented in the Patient's health record at the time of admission and the Patient shall be informed of his/her name by the Practitioner, his/her designate, or the nursing staff responsible for the Patient's care. The Most Responsible Practitioner has the duty, responsibility and authority to direct all medical care for that Patient while in the Facility, and to make reasonable efforts to ensure continuity of care following discharge.
- b) The Most Responsible Practitioner will assess his/her Patient as soon as required by the Patient's condition but within twenty-four hours of admission in the case of an acute care Facility, and within seven days in a Continuing Care Facility. The Most Responsible Practitioner should notify and consult

with the Patient's personal/family physician and/or other Practitioners whom the Patient identifies as providing continuing care.

- c) The Most Responsible Practitioner may designate any agreeable Practitioner(s) to provide concurrent care where this will provide benefit to the Patient. However, such designation will not have the effect of transferring ultimate responsibility for the Patient from the Most Responsible Practitioner.

4.15.2 Transfer of Responsibility

- a) The designation and responsibilities of the Most Responsible Practitioner may be transferred from one Practitioner to another provided that the receiving Practitioner agrees and has the appropriate Clinical Privileges. The Most Responsible Practitioner shall document the transfer, and the receiving Practitioner shall document acceptance, in the Patient's health record.
- b) At the time of transfer of responsibility there will be direct communication between the transferring physician and the receiving physician around the patient's course in hospital up to point of transfer.
- c) The Most Responsible Practitioner or designate shall ensure the Patient and/or his/her family, the Patient's Legal Representative, and other Practitioners involved in providing continuing care to the Patient are informed of the transfer.
- d) The Most Responsible Practitioner shall make reasonable efforts to inform the Patient's personal/family physician, and other Practitioners providing care to the Patient in the community, of the Patient's course in hospital, disposition and treatment plan following discharge.

4.16 Absence from Clinical Practice in Covenant Health Sites of Clinical Activity

- a) During an absence from a Covenant Health Site(s) of Clinical Activity, a Practitioner shall ensure requirements are met for coverage of all his/her responsibilities, and shall identify an alternative Practitioner to assume those responsibilities and to serve as Most Responsible Practitioner for his/her admitted Patients. The Practitioner providing coverage must have the appropriate Clinical Privileges. The Practitioner will document the

identity of the covering Practitioner in the Patient's health record and shall inform the Patient, and/or his/her family and/or the Patient's Legal Representative.

- b) Coverage for Patients during an absence of less than or up to ninety-six hours may be provided through the on-call schedule of the service or group in which the Practitioner participates, or by alternative but specific prior arrangement.
- c) During an absence of greater than ninety-six hours, the provisions of section 4.15.2 of these Rules for the formal transfer of responsibility must be fulfilled. In addition, notification of the absence and the identity of the covering Practitioner will be provided to the relevant Covenant Health Facility Medical Director(s), who shall then forward this information to the Covenant Health Medical Affairs Office.
- d) For an absence of greater than forty-five consecutive days, a formal leave of absence is required and must be approved in advance by the Vice-President, Medicine, or designate, upon the recommendation of the Covenant Health Clinical Department Facility Chief and/or the Covenant Health Facility Medical Director(s). The recommendation and approval to grant a leave of absence will be based on consideration of the reason(s) for the request, the responsibilities of the Practitioner, workforce needs and the Practitioner Workforce Plan, and any other relevant matters. Only in exceptional circumstances will the length of a leave of absence exceed one year.

4.17 Medical Ethics

Ethical considerations are an integral part of health care at all levels. Practitioners may seek the advice of the Covenant Health clinical ethics committee in difficult decisions or relationships that are related to human and Patient rights, health and safety of the Patient or staff and other Practitioners, multiculturalism, issues of spirituality, faith and religion or other ethical considerations.

4.18 Research

Practitioners are encouraged to participate in, and/or support, approved research activities within Covenant Health and to consider recommending the participation of their Patients in relevant and approved research activities.

- a) All research at Covenant Health requires:
- ethics review and current status approval through the Health Research Ethics Board (HREB), to assess compliance in accordance with the *Tri-Council Policy Statement, Health Information Act and Freedom of Information and Protection of Privacy Act*;
 - review and approval through CH Risk Management/Legal;
 - operational review and approval to assess feasibility, including adequate staffing and resources;
 - administrative review and approval to ensure compliance with organizational values and policies, and including compliance with ethical principals included in the Health Ethics Guide.

4.19 Disruptive Behaviour in the Health Care Workplace

Practitioners shall be familiar with the relevant guidelines or policies of their respective College with respect to disruptive behaviour, such as the College of Physicians and Surgeons of Alberta document “Managing Disruptive Behaviour in the Health Care Workplace”. Such documents will be applied as a framework when addressing complaints/allegations of disruptive behaviour by Practitioners within the Covenant Health health care workplace. Where a College has not adopted such guidelines or policies, then to the extent possible its Practitioner members shall adhere to the principles contained in the College of Physicians and Surgeons of Alberta document. Where a College has adopted such guidelines and policies, and where they differ from those of the College of Physician and Surgeons of Alberta guidelines or policies, the higher standard shall prevail.

- a) Covenant Health will develop a Medical Staff Code of Conduct in collaboration with the Medical Staff that will clearly outline the conduct expected from all medical staff.

C. Documentation, Records and Record Keeping

4.20 Personal Directives

- a) Each Practitioner shall be governed by Covenant Health and procedures on personal directives.
- b) When a Patient is admitted to a Facility, it should be determined if he/she has a personal directive. If so, the Most Responsible Practitioner should discuss the provisions of the personal directive with the Patient and/or his/her Legal Representative, and ensure that a copy is included in the

- Patient's health record. A personal directive may also include any requests that the Patient may have with regard to organ and tissue donation.
- c) Patient health record Information transferred to other Facilities or health care institutions will include a copy of the Patient's personal directive.

4.21 Health Records

4.21.1 General Guidelines:

- a) All Practitioners shall complete their health records within the specified period(s) of time using the systems made available for dictation and electronic signature.
- b) Covenant Health has a legal obligation to protect health information. The information belongs to the Patient but Covenant Health is the legal custodian of the health record. Original or copies of health records are not to be removed from a Facility unless authorization is received from Covenant Health Health Information Management, or unless in compliance with a legally valid Subpoena Duces Tecum or a legally valid Search Warrant.
- c) Community-based health records may travel with the Patient, family members (authorized in writing by the Patient) and/or the Patient's Legal Representative during the provision of care in compliance with formally documented processes and relevant legislation.
- d) Confidentiality of Patient medical information is paramount. Practitioners must respect and adhere to relevant Covenant Health policies governing privacy and access to health records.
- e) Where these General Guidelines are inconsistent with the College of Physicians and Surgeons of Alberta Standards of Practice for Patient Records ("Standards of Practice), as amended from time to time, then the Standards of Practice shall prevail and the Rules shall be modified or changed accordingly.

4.21.2 Documentation Standards

4.21.2.1 General Characteristics

A health record shall be maintained for each Patient who is evaluated or treated, or who receives emergency, inpatient or ambulatory care within any

Facility. All significant clinical information pertaining to a Patient shall be incorporated in the Patient's health record.

4.21.2.2 General Standards

- a) All Practitioners making entries into a Patient's health record shall include documentation of the date and time of the entry, his/her role/title and, in the case of written entries, an identifiable signature, preferably accompanied by his/her printed name. Where available, the use of the electronic signature is mandatory (i.e. dictation/transcription systems or electronic health records). A handwritten, original signature is required in all other circumstances (with the exception of existing delegated authentication processes).
- b) Practitioners shall follow Covenant Health policy on approved health record abbreviations.

4.21.2.3 Admission (History and Physical) Note

- a) The Most Responsible Practitioner is responsible for an admission note documenting the history, pertinent physical examination and plan of management for all Patients admitted under his/her care.
- b) Completion of an admission note may be delegated to a Medical Student, Resident or **Nurse Practitioner**. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate.
- c) Admission Note Requirements:
 - I. Every inpatient must have an admission note completed within twenty-four hours following admission, except in the case of a surgical emergency, in which case the admission note must be completed prior to the surgical operation.
 - II. For Patients re-admitted to hospital within thirty days of discharge for the same or related problem, a copy of the previous/most recent complete admission note, accompanied by a note documenting the changes that have occurred since discharge, will suffice.
 - III. If a complete assessment (history and physical) has been performed within one year prior to admission, such as in the office of a Practitioner, a copy of this report may be used as an admission note in the Patient's health record, provided there have

been no subsequent changes in the Patient's condition or any changes have been recorded at the time of admission. All such recorded information must be authenticated and validated by the Most Responsible Practitioner or his/her designate within twenty four hours of admission.

- IV. For obstetrical Patients an original or reproduction of the prenatal record is acceptable as an admission note but must be authenticated and validated by the Most Responsible Practitioner or his/her designate.
- V. For Patients transferred from one Facility to another, a note detailing the reasons for the transfer and the condition of the Patient upon arrival at the receiving Facility, together with a copy of the admission note from the sending Facility, shall constitute an admission note for the record for the receiving Facility. Copies of the Patient's complete health record from the sending Facility, or the relevant portions of it, should be included as part of the Patient's health record in the receiving Facility.

d) Recommended minimum content of an Admission Note:

- I. Identification information with respect to the Patient
- II. The reason(s) for admission, or chief complaint.
- III. Details of present illness, including, when appropriate, assessment of the Patient's emotional, behavioural and social status.
- IV. Relevant past medical history, review of body systems, current medications, presence or absence of allergies, and relevant past social and family histories appropriate to the age of the Patient.
- V. Details of a complete physical examination.
- VI. Documentation of relevant recent or available laboratory or diagnostic imaging tests.
- VII. A comprehensive list of active Patient care problems/issues with an appropriate differential diagnosis for each problem as required.
- VIII. A statement of the conclusions drawn from the admission history and physical examination and an initial plan of management for the active problems.
- IX. Level of care designation or a summary or copy of the Patient's personal directive if appropriate

- X. Estimated length of stay and documentation of patient issues or circumstances that may prolong the length of stay or will require advanced discharge planning.

4.21.2.4 Progress Notes

- a) The Most Responsible Practitioner is responsible for recording and maintaining progress notes for Patients under his/her care. Progress notes must serve as a pertinent chronological record of the Patient's course in hospital as well as any change in condition, interpretation of the results of diagnostic tests and the effect of treatment.
- b) Documentation and maintenance of progress notes may be delegated to a Medical Student, Resident or **Nurse Practitioner**. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate. The Most Responsible Practitioner must co-sign the progress notes of Medical Students but not those of a Resident.
- c) Daily progress notes are recommended for Patients in acute care Facilities, unless the Patient is awaiting placement in a Continuing Care Facility in which case a weekly note is recommended. For Patients in Continuing Care Facilities, progress notes should be documented at least monthly. Notwithstanding these guidelines, progress notes shall be completed whenever there is a significant change in the Patient's condition or management, and whenever unexpected events or outcomes occur.
- d) Recommended minimum content of Progress Notes:
 - I. Response to treatment.
 - II. Acute or unexpected changes in the Patient's condition.
 - III. Adverse reactions to drugs and/or other treatments.
 - IV. Interpretation of the results of diagnostic tests, particularly significant or unusual test results.
 - V. Fundamental decisions about ongoing management including but not limited to medication, invasive procedures, consultations, treatment goals, and decisions regarding level of care/resuscitation.
 - VI. Invasive procedures not performed in an operating room.
 - VII. Discharge plans.
 - VIII. Documentation in the event of death, including the date and time of death.

- IX. Any other information as may be pertinent, such as temporary leaves, refusal of treatment or leaving against advice.

4.21.2.5 Practitioner Orders

- a) All Practitioner orders must be documented on the approved order sheet with the time, date of the entry, and a legible signature, preferably accompanied by his/her printed name. Where electronic order entry is available, utilization of the system is mandatory.
- b) The identity of the Practitioner(s) covering in the case of an absence of the Most Responsible Practitioner and all transfers of care between Practitioners shall be documented in the orders.
- c) Verbal and Telephone Orders:
 - I. Verbal orders are acceptable only in emergency situations.
 - II. Telephone orders should be limited to those situations in which prompt or immediate direction for Patient care is required and the ordering Practitioner is not able to access the Patient's health record or electronic order entry in a period of time appropriate for the circumstances requiring an order. Facsimile (fax) transmission of orders written by the ordering Practitioner is preferred to telephone orders. Faxed orders must include the ordering Practitioner's legible signature, preferably accompanied by his/her printed name.
 - III. Verbal and telephone orders shall only be accepted and recorded by persons authorized to do so and in accordance with Covenant Health policy.
 - IV. Telephone orders communicated by a third party acting on behalf of the Practitioner shall not be accepted, unless such a person is another Practitioner or a resident. However, In emergency situations when the Practitioner cannot personally provide a telephone order, such orders may be relayed by an Covenant Health staff member so long as the staff member doing so is physically present with, and can be heard by, the ordering Practitioner.
 - V. Verbal and telephone orders must be repeated back to the ordering Practitioner and, according to Covenant Health policy,

will be signed by the authorized person to whom they were dictated, along with the name of the ordering Practitioner.

- VI. Verbal and telephone orders shall be countersigned within twenty-four hours or, in the case of a Continuing Care Facility, at the time of the ordering Practitioner's next visit to the Facility. Verification of verbal and telephone orders shall be the responsibility of the ordering Practitioner and must comply with Covenant Health policy.
- VII. Order sets shall be signed by the Practitioner for each Patient to whom they are applied. Order sets must be approved and periodically reviewed by the Covenant Health Operations Team.

4.21.2.6 Operative/Procedure Reports

- a) Operative/Procedure reports are to be dictated or electronically entered in the health record within twenty-four hours of surgery.
- b) Recommended minimum content of operative/Procedure Reports:
 - I. Identification information with respect to the Patient
 - II. title of the operation/Procedure performed
 - III. pre-operative diagnosis/indication for the operation/Procedure
 - IV. proposed operation/Procedure (if different from procedure performed)
 - V. post-operative/Procedure diagnosis
 - VI. type of anaesthesia
 - VII. diagnostic specimens collected/removed during the operation/Procedure
 - VIII. operative/Procedure findings
 - IX. description of operation/Procedure (including the condition of the Patient during and at the conclusion of the operative procedure, and estimated blood loss)

4.21.2.7 Anaesthetic Records

The anaesthetist shall record a pre-anaesthetic assessment on the anaesthetic record prior to the administration of any anaesthetic and shall complete and sign the anaesthetic record at the end of the operation/Procedure.

4.21.2.8 Consultation reports

- a) Consultation reports are to be written, dictated and/or electronically entered in the health record within twenty-four hours of assessment of the Patient.
- b) Recommended minimum content for Consultation Reports:
 - I. identification information with respect to the Patient
 - II. findings of the consultation and recommendations for management of the Patient.

4.21.2.9 Transplantation

- a) When an organ or tissue is obtained from a living donor for transplantation purposes, the health records of the donor and recipient shall fulfill the requirements for an operative report pursuant to section 4.21.2.6 of these Rules
- b) When a donor organ or tissue is obtained from a deceased Patient, the health records of the donor must include the date and time of death, documentation by and identification of the physician who determined the death, and documentation of the removal of the organ or tissue.

4.21.2.10 Pathology Reports

Recommended minimum content of Pathology Reports:

- a) Identification information with respect to the Patient
- b) Site of origin of tissue and/or operation/Procedure and date performed/collected.
- c) The gross descriptions which shall contain adequate information regarding:
 - I. Type, size and/or weight of lesion/specimen(s)
 - II. Measurements of gross lesion/specimen(s)
 - III. Description of gross lesion/specimen(s) margins
 - IV. Relationship of gross lesion/specimen(s) to surgical margins
- d) The gross and microscopic findings that support the diagnosis.
- e) The final diagnosis in tumour cases and sufficient information as to grade of tumour, where appropriate, and extent of disease for use in standard systems of grading and staging neoplasms. If a grading system is used, the name of the grading system shall be documented and the results indicated in the report.

4.21.2.11 Discharge Summaries

- a) The Most Responsible Practitioner at the time of discharge of the patient from the Facility is responsible for completing a discharge summary.
- b) Completion of discharge summaries may be delegated to a Resident or other authorized person. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring that the discharge summary is accurate and comprehensive.
- c) Completion Requirements:
 - I. A discharge summary is required for each admission in a manner that is conducive to electronic access and distribution (i.e. dictation, direct electronic entry, and/or scanning).
 - II. Discharge summaries should be completed within fourteen days after the chart is made available to the Practitioner post-discharge.
- d) Recommended minimum content of a Discharge Summary:
 - I. Identification information with respect to the Patient.
 - II. history of present illness.
 - III. brief description of the clinical problems and events leading to admission.
 - IV. course in hospital.
 - V. a brief summary of the management of each of the active clinical problems during admission, including operations/Procedures and major investigations, treatments and outcomes.
 - VI. most responsible diagnoses.
 - VII. secondary diagnoses.
 - VIII. the condition of the Patient at the time of discharge.
 - IX. discharge plan, including further investigations or consultations to be completed, medications on discharge, recommended physical activity, instructions to other caregivers, and follow-up (if any) by the Most Responsible Practitioner or consulting Practitioners.
 - X. any specific instructions given to the Patient and/or his/her family, as pertinent.

4.21.2.12 Autopsy Reports

When an autopsy is completed, an autopsy report shall be included in the health record. Covenant Health shall take reasonable action to endeavour to obtain the reports of autopsies undertaken by the Medical Examiner and have them included in the Patient's health record.

4.21.2.13 Emergency Department NOTES and Ambulatory/Outpatient REPORTS

- a) All entries on emergency and ambulatory Patients must be documented by the Practitioner on the approved forms and shall include the time, date and identifiable signature, preferably accompanied by his/her printed name.
- b) The Most Responsible Practitioner shall ensure the emergency department notes and ambulatory/outpatient records of all Patients in his/her care are completed.
- c) Completion of emergency notes or ambulatory/outpatient records may be delegated to Residents and other authorized persons. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate.
- d) Completion Requirements
 - I. Every emergency department Patient must have an emergency department note and every ambulatory Patient must have an ambulatory/outpatient record completed within twenty-four hours.
 - II. To facilitate the ongoing provision of care, for each Patient who receives continuing ambulatory/outpatient care, a summary outlining the changes that have occurred since the last visit is required.
- e) Recommended minimum content of emergency department notes and ambulatory/outpatient records:
 - I. The reason(s) for the visit.
 - II. The relevant history of the present illness or injury and the physical findings, including the Patient's vital signs as clinically appropriate.
 - III. Diagnostic and therapeutic orders.
 - IV. Clinical observations, including the result of treatment.
 - V. Reports of diagnostic tests and surgery and Procedures, and their results.
 - VI. Reports of any consultations or telephone/verbal advice obtained.

- VII. Final diagnosis or impression.
- VIII. Patient disposition and any instructions given to the Patient and/or his/her family for care.
- IX. Allergies and medications, both current and prescribed.
- X. Referrals to another Practitioner and/or an AHS or Universal Programs or Professional Services.

4.21.3 Health Record Completion Guidelines

All members of the Medical Staff shall complete health records within the following timelines using the systems made available for handwritten records, dictation, electronic entry, and signature.

TYPE OF REPORT	TIMELINES FOR COMPLETION
Admission Note (History, Physical Examination, Impression and Plan)	Within twenty-four hours following admission except in a surgical emergency, in which case the Admission Note is to be completed, if at all possible, prior to the surgical procedure. Elective Admission Notes may predate admission by up to one year; all such Admission Notes must be updated and validated by the admitting Practitioner within twenty-four hours of admission.
Verbal Practitioner Orders	Verified within twenty-four hours.
Operative Report	Within twenty-four hours of surgery.
Anaesthetic Record	At the time of surgery.
Discharge Summary	Within fourteen days of chart being made available for dictation.
Emergency Notes	Within twenty-four hours of visit.
Ambulatory/Outpatient Records	Within twenty-four hours of visit.
Consultation Reports	Within twenty-four hours (preferably upon completion of the consultation).
Progress Notes	Daily progress notes are recommended for Patients in acute care Facilities, unless the Patient is awaiting placement in a Continuing Care Facility in which case a weekly note is recommended. For Patients in Continuing Care Facilities, progress notes are

	recommended at least monthly. Notwithstanding these guidelines, progress notes shall be completed whenever there is a significant change in the Patient's condition or management, and whenever unexpected events or outcomes occur.
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4.21.4 Curtailment of Clinical Privileges for Incomplete Health Records:

4.21.4.1 Curtailment of Clinical Privileges for incomplete health records, including Discharge Summary and Operating Room Reports.

- a) Covenant Health Information Management staff at each Covenant Health Facility will monitor the completion of Patients' health records by Practitioners.
- b) After a Patient has been discharged from a Facility, the Patient's health record will be made available to the Practitioner in the designated health record completion area of the Facility.
- c) If the health record is incomplete fourteen days after it is made available post-discharge, Health Information Management will send a notification to the Practitioner.
- d) If at any time, the Practitioner accumulates ten or more Patient health records that have been incomplete for more than twenty eight days after they have been provided to the Practitioner for completion, or any single Patient health record has remained incomplete more than ninety days after it has been provided to the Practitioner for completion, the Covenant Health Vice-President, Medicine, or designate shall notify the Practitioner in writing. Unless the Covenant Health Vice-President, Medicine determines that there are extenuating circumstances, he/she shall, fourteen days later, curtail the Practitioner's Clinical Privileges within Covenant Health as described in section 4.21.4.3 of these Rules. This curtailment in Clinical Privileges shall continue until all outstanding health records are completed.
- e) Curtailment of Clinical Privileges encompasses all inpatient and ambulatory activity within all Sites of Clinical Activity.

4.21.4.2 During the period of curtailment, the Practitioner in default shall be permitted and expected to:

- a) Continue to care for his/her own Patients (including any surgical care) admitted prior to the date of curtailment of Clinical Privileges.

- b) Fulfill his/her obligations with regard to on-call responsibilities during which time the Practitioner may treat, admit and consult on emergent cases and provide coverage for Patients under the care of his/her Clinical Department service / colleagues.
- c) Provide care for his/her personal maternity and newborn cases including admission where necessary.

4.21.4.3 During the period of curtailment, the Practitioner in default shall not be permitted to:

- a) Admit Patients, other than his/her own maternity and newborn Patients, while not on-call.
- b) Write orders (except while on-call) on his/her personal Patients who are admitted under the care of another Practitioner.
- c) Treat Patients in his/her Site(s) of Clinically Activity except to continue to care for Patients for whom he/she was the Most Responsible Physician prior to the administrative suspension.
- d) Perform surgery or Procedures, assist in performing surgery or Procedures or administer anaesthetics, except within the conditions described in sections 4.21.4.3 a), b) and c) above.
- e) Provide consultative services, except within the conditions described in section 4.21.4.2 b) above.
- f) Accept transfers of Patients from within or outside the Facility, except within the conditions described in b) above.

4.21.4.4 End of the Period of Curtailment

All Clinical Privileges will be reinstated upon completion of all incomplete Patient health records that led to curtailment. If the Practitioner fails to complete the Patient health records that led to the curtailment within fourteen days of the curtailment being imposed, either a Concern or Immediate Action shall be initiated by the Covenant Health Vice-President, Medicine.

D. Other

4.22 Disaster Planning/Emergency Preparedness

As required, and according to Covenant Health Disaster/ Emergency Preparedness Plans each Practitioner shall participate in disaster and emergency

preparedness planning/exercises, and in the actual activation/implementation of plans in the event of an external/internal disaster or public health emergency, including those resulting in major service disruption.

4.23 Pharmacy

Each Practitioner shall be governed by Covenant Health policies regarding the use of drugs and therapeutic agents. These include policies and procedures introduced by the AHS Provincial Pharmacy and Therapeutics Committee and its subcommittees, and those related to the Provincial Formulary.

4.24 Communicable Diseases

- a) Practitioners shall provide care within their area of expertise to all Patients, including those known or suspected of having transmittable infections. Practitioners shall also ensure that all appropriate precautions are taken to prevent transmission of these infections to others, including themselves.
- b) It is the duty of all Practitioners to take appropriate action to protect themselves and Patients from known, suspected or possible transmittable infections and conditions. Such action shall include compliance with infection control strategies, referred to as routine practices (also known as standard or universal blood and body fluid precautions), for every patient encounter. Additional precautions may be necessary for patients with pathogens transmitted by contact, droplet or airborne routes. As determined by a Covenant Health occupational health physician and/or a Zone Medical Officer of Health, alteration and/or restriction of Practitioner duties or, when necessary, exclusion of the Practitioner from work may also be required as defined by the Practitioner's susceptibility to, and potential for transmission of, a communicable disease.
- c) Practitioners shall follow the current AHS/Covenant Health hand hygiene policy and procedure and the current AHS/Covenant Health isolation policy and procedure.
- d) The Most Responsible Practitioner shall be accountable for notifying the Zone Medical Officer of Health of all cases of communicable disease where such notification is required by law.

Appendix A – Covenant Health Policies and Procedures Applicable to Practitioners

Covenant Health Policies and Procedures and Department Policies and Procedures are available on the intranet. www.compassionnet.ca

Appendix B – Definitions from the Medical Staff Bylaws

Academic Physician	A physician Practitioner who also possesses an appointment as a Full-Time Faculty or Clinical Faculty member with either the Faculty of Medicine & Dentistry of the University of Alberta or the Faculty of Medicine of the University of Calgary.
Active Staff	The Practitioners who are appointed to the Active Staff category pursuant to the Bylaws.
Advisor	A person, lay or professional, who provides guidance, support, or counsel to a Practitioner pursuant to these Bylaws.
Affected Practitioner	A Practitioner who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.
Covenant Health Conflict of Interest Bylaw	The conflict of interest bylaw established by Covenant Health.
Alberta Health Services (AHS)	The health authority established pursuant to applicable legislation for the Province of Alberta.
Application	The forms and process used to apply for a Medical Staff Appointment and Clinical Privileges in the manner specified in these Medical Staff Bylaws and the Medical Staff Rules.
Bylaws and Rules Review Committee	A committee established as such pursuant to these Bylaws.
Clinical Privileges	The delineation of the Procedures that may be performed by a Practitioner; the Sites of Clinical Activity in which a Practitioner may perform Procedures or provide care to Patients; and the Covenant Health Programs and Professional Services that are available to a Practitioner in order to provide care to Patients.
College	The relevant regulatory body which governs the Practitioner.
Community Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist	A Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist with a scope of practice limited to community office or clinic practice.
Community Staff	The Practitioners who are appointed to the Community Staff category pursuant to these Bylaws.
Complainant	A Patient or his/her legal representative(s), a member of the public, or another Practitioner(s) who initiate(s) a Concern.

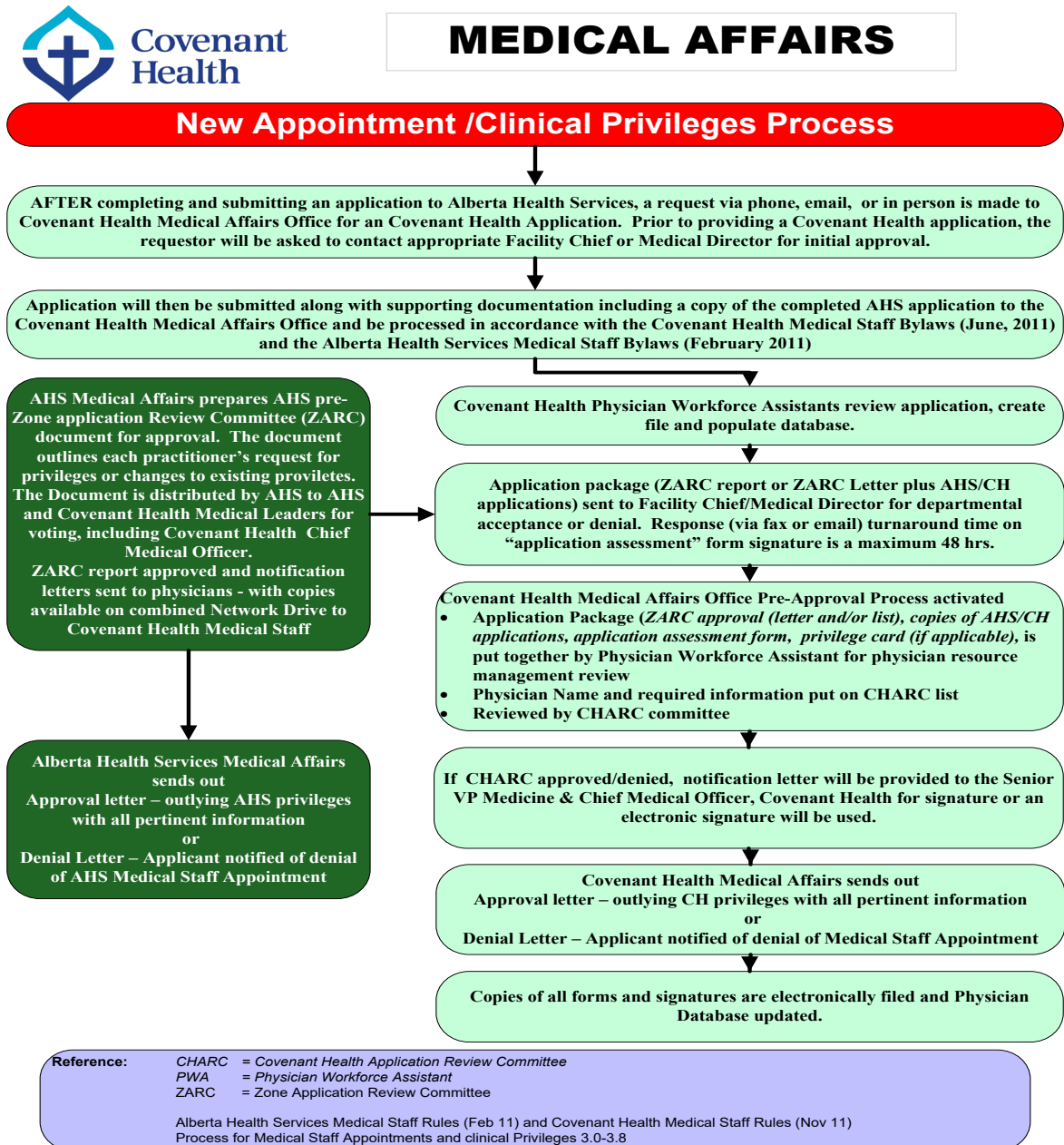
Concern	A written complaint or concern from any individual or group of individuals about a Practitioner's professional performance and/or conduct, either in general or in relation to a specific event or episode of care provided to a specific Patient.
Consensual Resolution	A consensual and confidential process to resolve a Concern. Consensual Resolution includes the Affected Practitioner, the relevant Covenant Health medical administrative leader(s), and any other relevant person(s).
Dentist or Oral & Maxillofacial Surgeon	A person licensed in independent practice and in good standing with the Alberta Dental Association and College pursuant to the <i>Health Professions Act</i> (Alberta).
Facilities	Approved hospitals, continuing care facilities, and any other facilities operated by Covenant Health.
Hearing	The process of addressing Concerns where a Triggered Initial Assessment and Consensual Resolution have not resolved the matter or are not considered appropriate means to resolve the matter.
Hearing Committee	A committee established as such pursuant to these Bylaws.
Immediate Action	An immediate suspension or restriction of a Practitioner's Medical Staff Appointment and/or Clinical Privileges without first conducting a Triggered Review pursuant to the Bylaws.
Locum Tenens	A Practitioner temporarily placed into an existing practice and/or Facility in order to facilitate the short term absence of another Practitioner, or to address a temporary shortfall in Practitioner workforce.
Medical Affairs Office	An operational and organizational office of the Vice-President, Medicine portfolio.
Medical Organizational Structure	The medical organizational structure of Covenant Health aligned with the Bylaws and Rules.
Medical Staff	Collectively, all Practitioners who possess a Medical Staff Appointment pursuant to the Bylaws.
Medical Staff Appointment	The admission of a Practitioner to the Covenant Health Medical Staff.
Minister	The member of the Executive Council of Alberta who is charged with carrying out the statutory responsibilities conferred on him as Minister of Health and Wellness.

Medical Staff Letter of Offer	An offer to join the Medical Staff which specifies the category of Appointment, delineation of specific Clinical Privileges (if applicable), and the details of major responsibilities and roles.
Patient	An individual receiving health services from a Practitioner.
Periodic Review	A periodic review of the professional performance and all matters relevant to the Appointment and Clinical Privileges of a Practitioner with an Appointment in the Active and Locum Tenens Staff categories.
Physician	A person licensed in independent practice and in good standing with the College of Physicians and Surgeons of Alberta pursuant to the <i>Health Professions Act</i> (Alberta).
Podiatrist	A person licensed in independent practice and in good standing with the Alberta Podiatry Association pursuant to the <i>Podiatry Act/Health Professions Act</i> (Alberta).
Policies	Administrative and operational objectives, plans, values, principles, practices and standards established by Covenant Health with respect to its operations and Facilities, programs and services.
Practitioner	A Physician, Dentist, Oral & Maxillofacial Surgeon; Podiatrist, or a scientist leader, who has a Covenant Health Medical Staff Appointment.
Practitioner Workforce Plan	A Covenant Health plan which provides projections and direction with respect to the recruitment retention and organization of an appropriate number, mix and location and the required skill sets of Practitioners.
Primary Zone Clinical Department	The AHS Zone Clinical Department in which a Practitioner undertakes the majority of his/her Medical Staff responsibilities and roles, and through which Periodic Reviews, and other administrative actions pursuant to the Covenant Health Bylaws will be managed.
Probationary Staff	The Practitioners who are appointed to the Probationary Staff category pursuant to the Bylaws.
Procedure	A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.
Professional Codes of Conduct	The Code of Conduct established by the College of Physicians and Surgeons of Alberta, the Code of

Request to Change	<p>Conduct established by the Alberta Podiatry Association, and the Code of Ethics established by the Alberta Dental Association and College.</p> <p>A request to change the category of Appointment and/or the Clinical Privileges of a Practitioner pursuant to these Bylaws.</p>
Rules	<p>The specific provisions established as Medical Staff Rules pursuant to these Bylaws.</p>
Scientist Leader	<p>A person other than a Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist who holds a doctorate degree in a recognized health-related scientific or biomedical discipline, and who is a Covenant Health medical administrative leader responsible for, and accountable to, Physician, Dentist, Oral & Maxillofacial Surgeon and/or Podiatrist Practitioners.</p>
Sites of Clinical Activity	<p>The locations and programs, listed in the grant of Clinical Privileges, where a Practitioner may perform Procedures, or provide care or services to Patients. The Sites of Clinical Activity may include Zones, Facilities, specific Covenant Health Programs and Professional Services within Facilities, and/or Telemedicine.</p>
Telemedicine	<p>The provision of services for Patients, including the performance of Procedures, via telecommunication technologies, when the Patient and the Practitioner are geographically separated. This may include Practitioners in Alberta, as well as those outside Alberta who are on the Telemedicine Register of the College of Physicians and Surgeons of Alberta.</p>
Temporary Staff	<p>The Practitioners who are appointed to the Temporary Staff category pursuant to these Bylaws.</p>
Triggered Initial Assessment	<p>An investigation and initial assessment of a Concern or other information/complaint about a Practitioner.</p>
Triggered Review	<p>A review undertaken in response to a Concern about a Practitioner's professional performance and/or conduct.</p>
AHS Zone	<p>A geographically defined organizational and operational sub-unit of AHS, the boundaries of which may be revised from time-to-time by AHS.</p>

AHS Zone Clinical Department or ZCD	An organizational unit of Practitioners established by the AHS Zone Medical Director and AHS Zone Medical Administrative Committee to which members of the Covenant Health Medical Staff are assigned.
AHS Zone Clinical Department Head	The Practitioner who is the leader of an AHS Zone Clinical Department or ZCDH
AHS Zone Clinical Department Site Chief	The Practitioner who is the leader of AHS Zone Clinical Department members at a particular Facility or Site.
AHS Zone Clinical Section	An organizational sub-unit of an AHS Zone Clinical Department established by the AHS Zone Medical Director and the AHS Zone Medical Administrative Committee.
AHS Zone Clinical Section	The Practitioner who is the leader of an AHS Zone Clinical Section Chief
AHS Zone Medical Administrative Committee or ZMAC	A committee established as such pursuant to the AHS Medical Staff Bylaws.
AHS Zone Medical Staff	Collectively, all Practitioners who are assigned to AHS Zone Clinical Departments within a particular AHS Zone.
AHS Zone Medical Staff	An association of the AHS Zone Medical Staff. Association or ZMSA

Appendix C: Flowchart for a Covenant Health Medical Staff Appointment and a Grant of Clinical Privileges



Created: October 7'11 / Approved October 13'11 / Revised: Nov 16'11
 VisioDocument

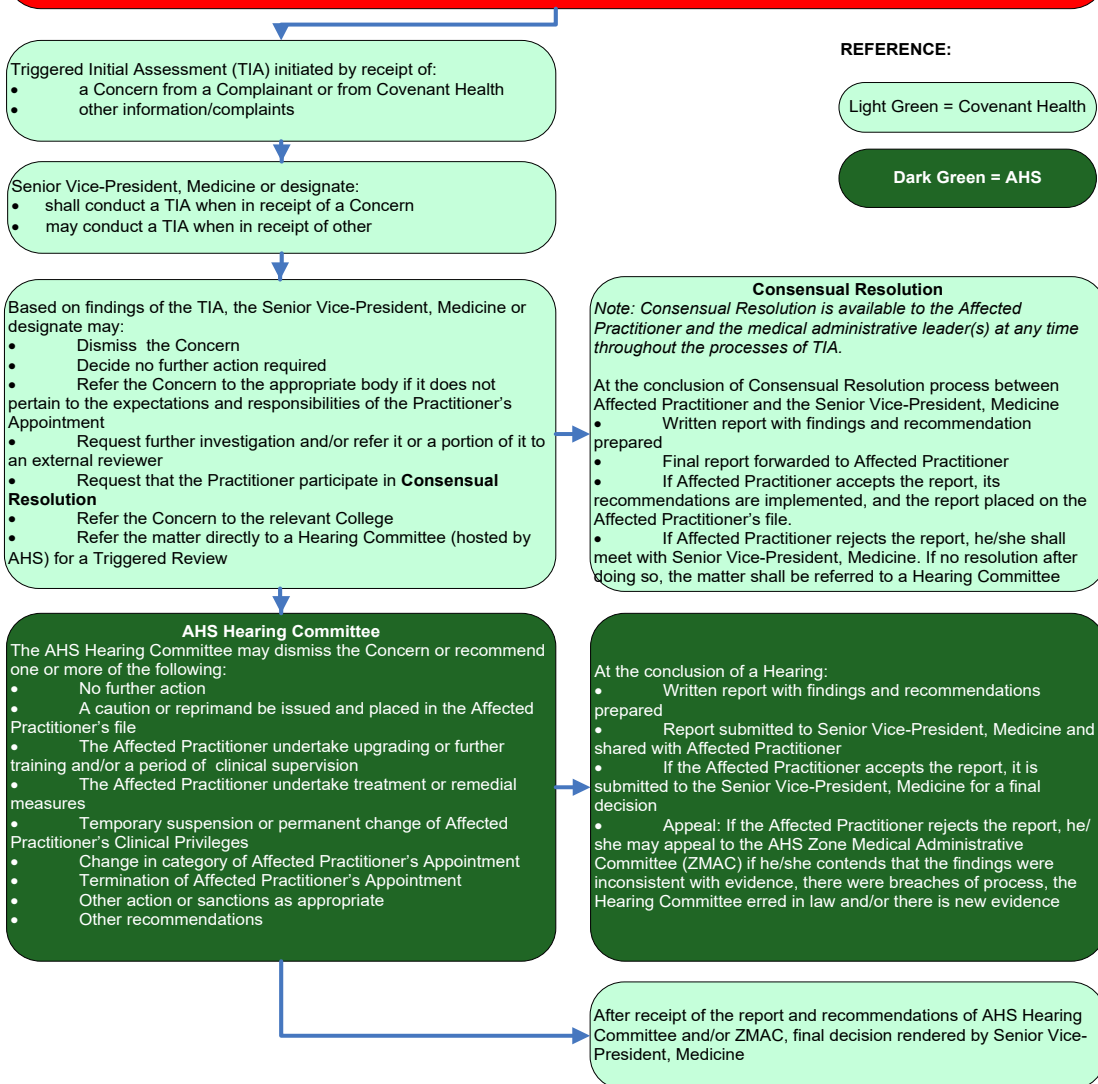
Appendix D: Flowchart for Covenant Health Process for Triggered Initial Assessment, Triggered Review and Hearing



Covenant Health

MEDICAL AFFAIRS

Flowchart for Covenant Health Process for Triggered Initial Assessment, Triggered Review and Hearing



Approved November 21'11
VisioDocument

Appendix E: PROXY Form



PROXY Form

For the _____ meeting of the *Provincial Medical Executive Committee*

The undersigned member of the Covenant Health Medical Staff hereby appoints _____ of the Covenant Health Medical Staff to serve as my representative at the above noted meeting for purposes of establishing a quorum and to vote at the meeting and at any and all adjournments of the meeting. This Proxy may be revoked only by actual written notice of revocation prior to its exercise.

Signature of Member

Printed Name of Member

Date signed by Member